

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		0				
6		/				
7	/					
8		/				
9		/				
10		/				
11		0				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/			/	/
21		/	/	/	/	/
22		/	/	/	/	/
23		/	/	/	/	/
24		/	/	/	/	/
25	/		/	/	/	/
26		/	/	/	/	/
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48						
49						
50						
Total Indep	3		2		2	
Total Depend	22		4		4	
Total Claims	25		6		6	

  

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						